

Name in Full

Certificate of Death

Robert F Adams

Town

County

MARYLAND

Died at

McDermie

Talbot

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

05-

Mar 17

Age 26

4

Talbot

Oysterman

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Two

Husband

of

Clarice Adams

~~Wife~~

Father's

Mother's

Name

W. Adams

Maiden Name

Sarah H. Drake

Cause of

Primary

Tuberculosis

How long sick

6 months

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

A. H. Eades U. S. D.

Address

St Michael

Talbot Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72893



Name
in
Full

Blackwell (mother) wife

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Miles Run		Town		Zalhor		County		MARYLAND	
Date of death		1905		March		6		Age		0	
Sex		Male		Color or Race		Negro		Birth-place		Ind	
Occupation		None		Where Residing if not at place of death		X					
Married, Single or Widowed		Single		Name of Wife or Husband		X					
Father's Name		P		Father's Birthplace		X					
Mother's Maiden Name		Hattie Blackwell		Mother's Birthplace							
Name of person giving information		John Blackwell		How related to deceased		Uncle					

CAUSES OF DEATH

Primary	Hiccough	How long	1 day
Immediate		How long	"

PHYSICIAN
OR CORONER

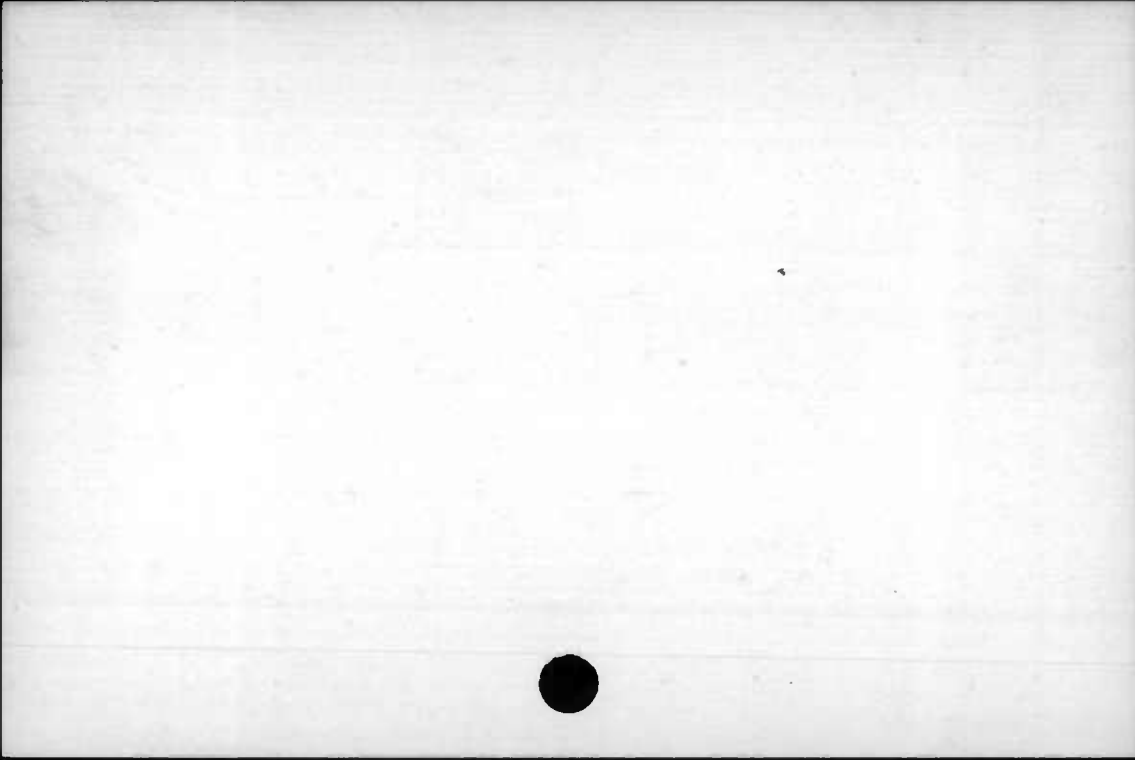
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

No doctor. John Kearsack
 Address
 Suburban
 Exton



Name
in
Full

William Bowser

CERTIFICATE OF DEATH

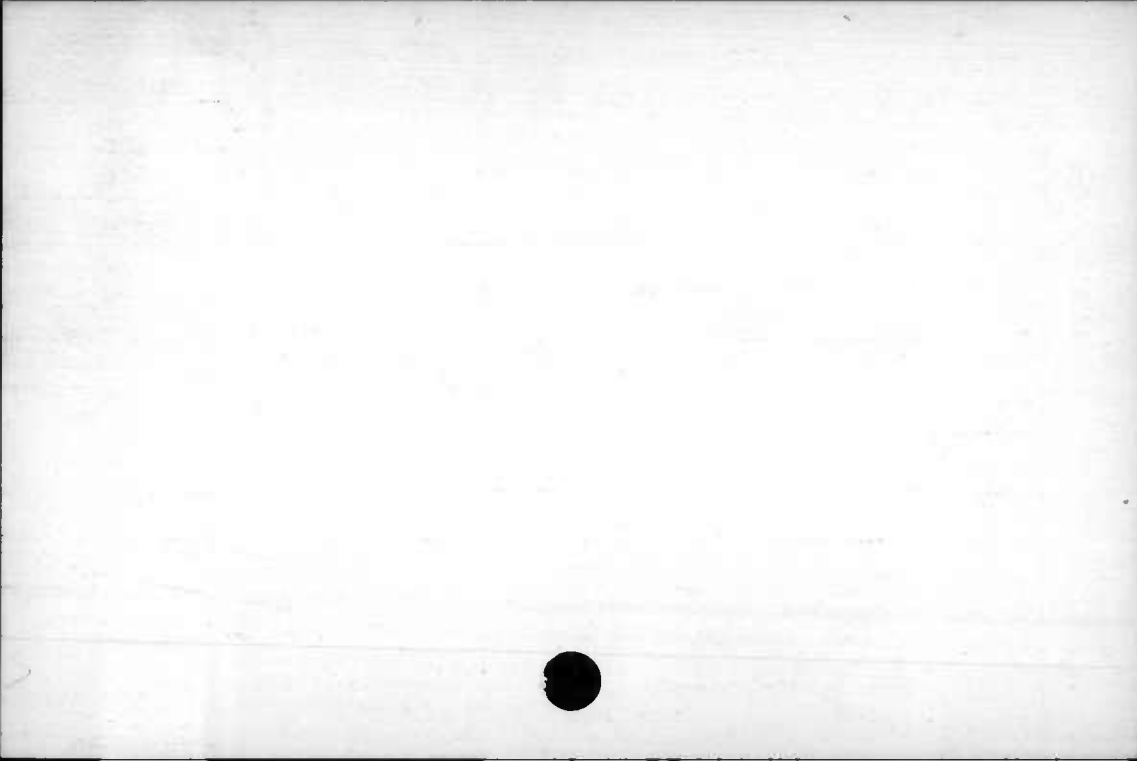
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Newtown		County Fulton		MARYLAND							
Date of death		1905		Month Mch		Day 7		Age Years 11		Months -		Days -	
Sex		male		Color or Race		white		Birth-place		Md			
Occupation		none		Where Residing if not at place of death		X							
Married, Single or Widowed		Single		Name of Wife or Husband		X							
Father's Name		Jacob Bowser		Father's Birthplace		X							
Mother's Maiden Name		Harriet Bowser		Mother's Birthplace		X							
Name of person giving information				How related to deceased		X							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	one year
Immediate	Exhaustion	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. D. Fore' M.D.	
		Address Cordova	
		Md	
Accident or Suicide?			



Perry Worthington Brooks

Town

County

Died at

Oxford

Talbot

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

3

16

Age

20 2 29

Md.

Walter

Male

~~White~~~~Mixed~~

Widow

~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Levi Brooks

Mother's

Maiden Name

Meluzina Gibson

Cause of

Primary

Valvular Heart Disease

How long sick

Six mos

Death

Immediate

Failing Compensation

Accident, Suicide, Homicide

Reported by

S. D. Wellson

Address

Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Wittman</i>		County <i>Talbot</i>		MARYLAND	
Date	of death 190	5	Month <i>Mar</i>	Day <i>22</i>	Age <i>70</i>	Years <i>3</i>	Months <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wittman</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>House Wife</i>					
Name of Wife or Husband <i>J W Cummings</i>							
Father's Name <i>James H. [unclear]</i>				Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Mary A. Hadaway</i>				Mother's Birthplace <i>Not known</i>			
Name of person giving information <i>J W Cummings</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

Primary <i>Consumption</i>	How long <i>3 years</i>
Immediate <i>Same</i>	How long <i>Same</i>

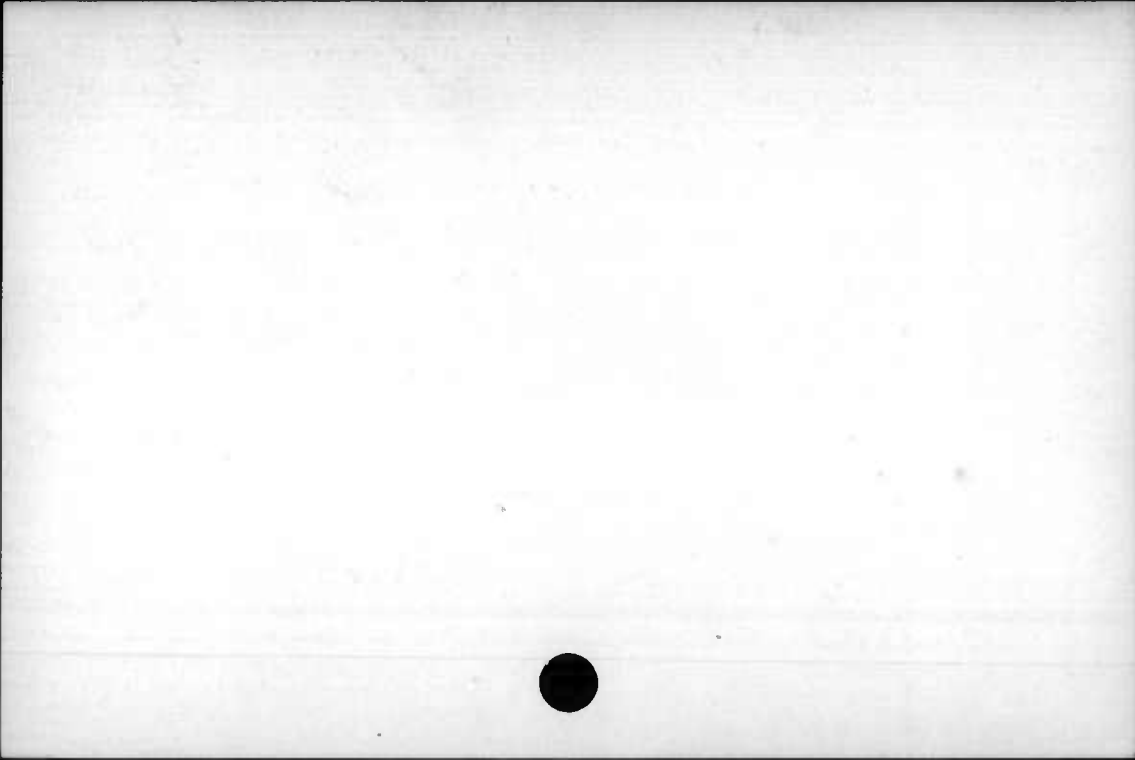
Are the name, age, sex, color, date and place correctly given above?

Yes

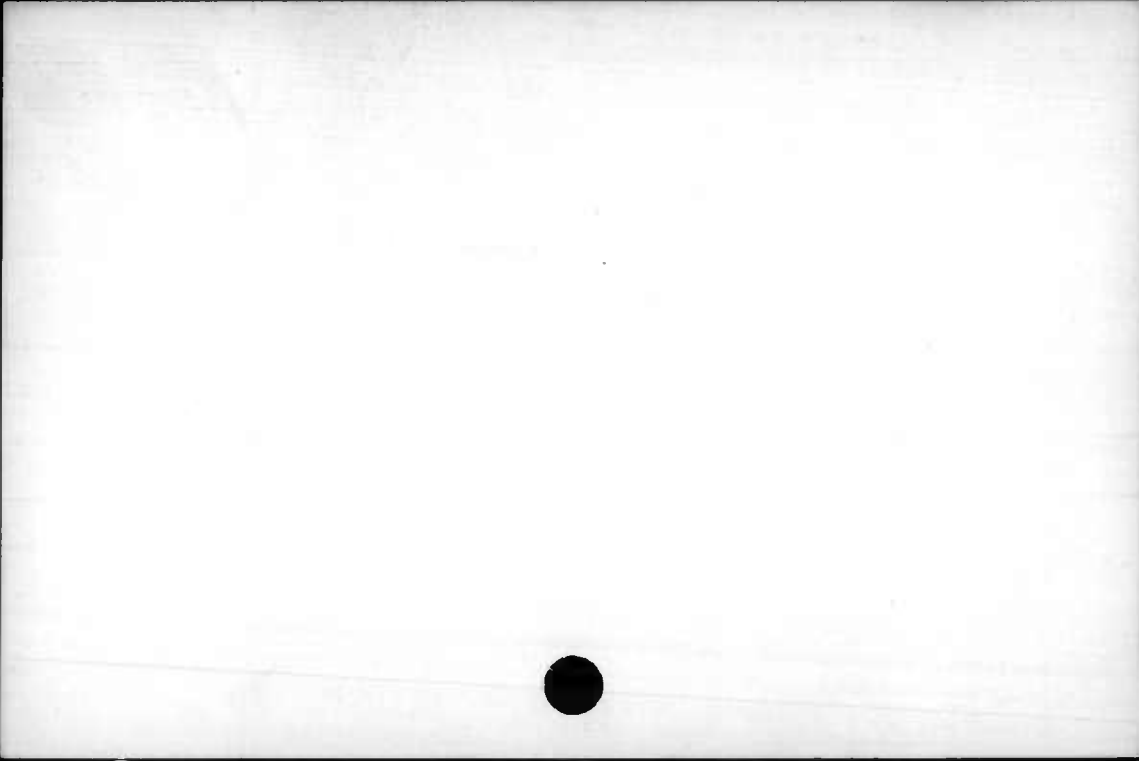
Signature of Physician

Address

Accident or Suicide?



Name in Full		Virgine Gibson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Trappe Station</i> <small>Town</small>		<i>Subot</i> <small>County</small>		MARYLAND	
		Date of death <i>1905</i> <small>Month</small> <i>8</i> <small>Day</small> <i>7</i>		Age <i>2</i> <small>Years</small>		<small>Months</small> <small>Days</small>	
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Oxford md</i>	
		Occupation <i>Child non</i>		Where Residing if not at place of death <i>Trappe Station</i>			
		Married, Single or Widowed <i>Mar</i>		Name of Wife or Husband			
		Father's Name <i>Levi L Gibson</i>		Father's Birthplace <i>Trappe md</i>			
		Mother's Maiden Name <i>Maggie Snowden</i>		Mother's Birthplace <i>Trappe md</i>			
Name of person giving Information <i>Levi L Gibson</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Tuberculosis P.D.</i>				How long <i>one year</i>	
		Immediate				How long <i>22</i>	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>J A Stevens</i>	
		<i>yes</i>				Address <i>Oxford md</i>	
		Accident or Suicide? <i>no</i>					



Name

in
Full

Charles Barrington Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oxford</i> Town		<i>Salisbury</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Mar</i>	Day <i>24</i>	Age <i>69</i> Years	Months <i>6</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>Coloured</i>		Birth-place <i>Drepps Md.</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>Julia Ann Wilson</i>					
Father's Name <i>Olinus Gray</i>			Father's Birthplace <i>Drepps Md.</i>		
Mother's Maiden Name <i>Julia A. Wilson</i>			Mother's Birthplace <i>Kent-co. Md.</i>		
Name of person giving information <i>Barrington Gray</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long <i>154</i>
Immediate	<i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Blum</i>
		Address <i>Oxford</i>
Accident or Suicide? <i>No</i>		<i>Md.</i>

12



Name
in
Full

CERTIFICATE OF DEATH

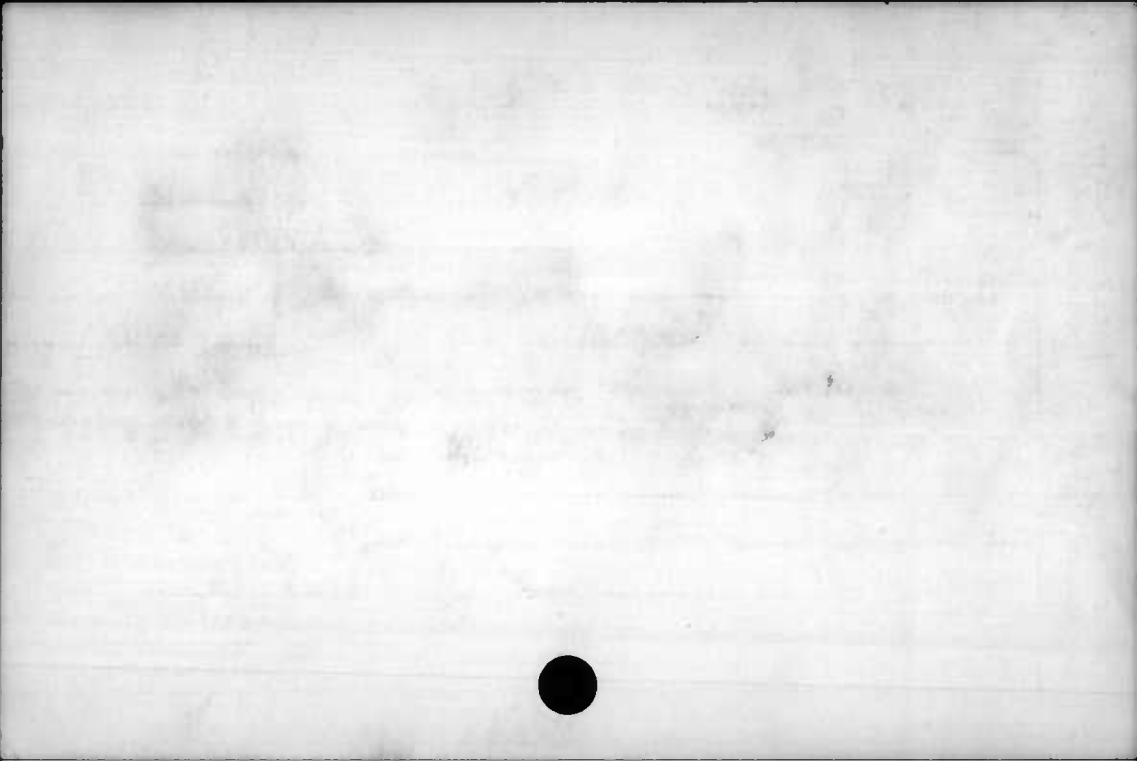
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	190 <i>1</i>	Month <i>March</i>	Day <i>2</i>	Age <i>63</i>	Years <i>63</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co.</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Easton</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Wm Jester</i>	Father's Birthplace <i>Talbot Co.</i>				
Mother's Maiden Name <i>Marguerate Jenkins</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Jester</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>4 wks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Davidson</i>
	Address <i>Easton, Md.</i>
Accident or Suicide?	



Name
in
Full

Henry Laurens.

CERTIFICATE OF DEATH

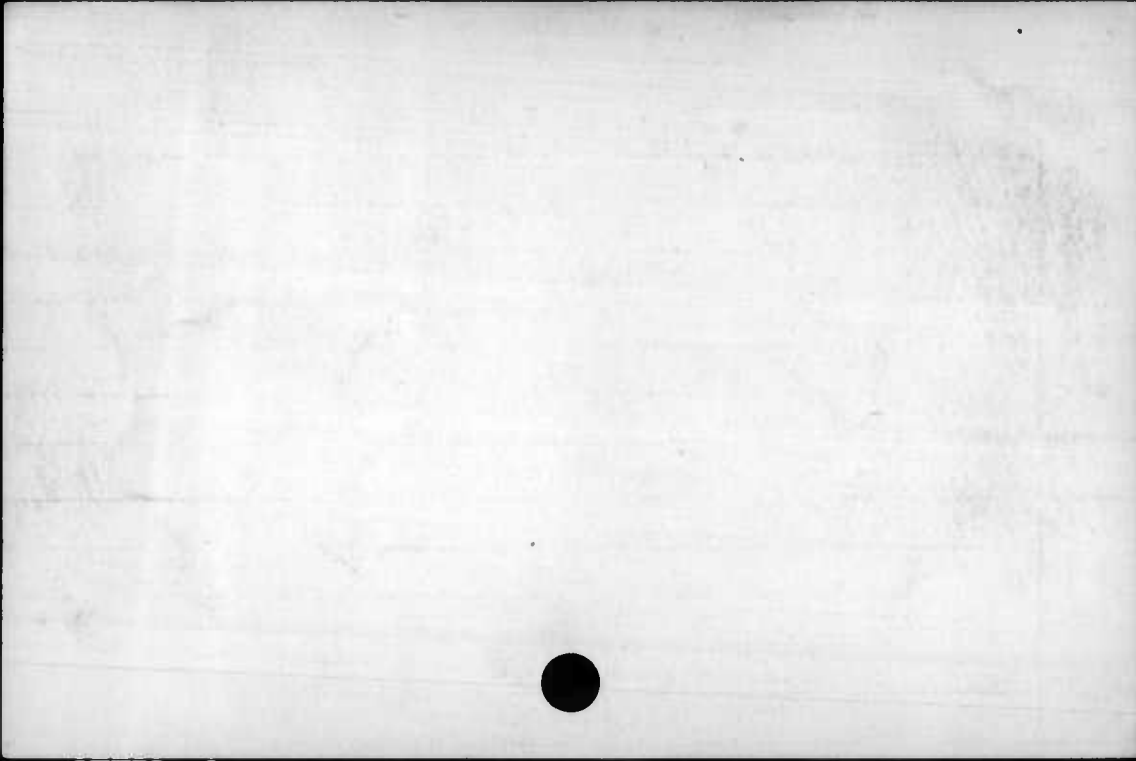
TO BE ANSWERED BY
NEAREST FRIEND

Died near		Town Grapple		County Talbot		MARYLAND	
Date of death 1905		Month 3-	Day 15-	Age 95-	Months —	Days —	
Sex male		Color or Race negro		Birth- place Talbot Co, Md			
Married, Single or Widowed		Widower		Occupation —			
Name of Wife Widow		Annie Bailey / deceased					
Father's Name		Don't know				Father's Birthplace	
Mother's Maiden Name		—				Mother's Birthplace	
Name of person giving In formation		William J. Camper				How related to deceased Son-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Bronchitis		How long	2 weeks
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Address Joseph A. Ross MD Grapple Md -		
Accident or Suicide?				



Name
in
Full

Thomas Clark Neeson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

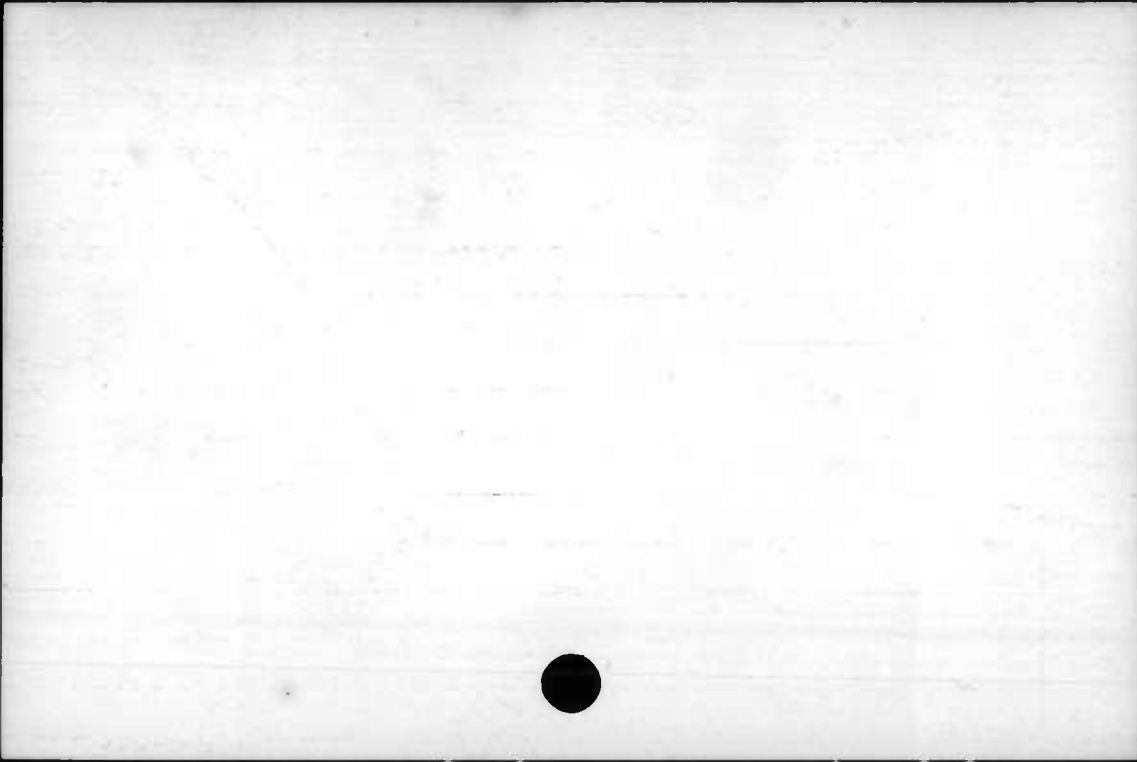
MARYLAND

Died at		Easton ^{Town}		Talbot ^{County}									
Date of death		1905	Month	Mich	Day	18	Age	32	Years	2	Months	18	Days
Sex		Male		Color or Race		White		Birth-place		Easton Md.			
Occupation		Furniture Dealer				Where Residing if not at place of death				—			
Married, Single or Widowed		Married		Name of Wife or Husband		Bernice Lee							
Father's Name		John M. Neeson						Father's Birthplace		Easton, Md.			
Mother's Maiden Name		Lucy O. Clark						Mother's Birthplace		Easton Md			
Name of person giving information		Alfred B. Neeson						How related to deceased		Brother.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Endocarditis Mitral Regurgitation		How long		7 wks.	
Immediate		Heart Failure		How long		1 minute	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Chas. F. Davidson M.D.	
Address		Easton, Md.		Accident or Suicide		—	



Name
in
Full

Mary Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Sherwood^{County} TalbotDate of death 1905 ^{Month} March^{Day} 23Age ^{Years} Over 80^{Months}^{Days}

Sex Female

Color or
Race

Black

Birth-
place Talbot Co

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Jacob Moore

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information

Douglas Grace

How related
to deceased

Grandson

CAUSES OF DEATH

Primary

Gastric Catarrh

How long

104 Six months

Immediate

Asthenia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

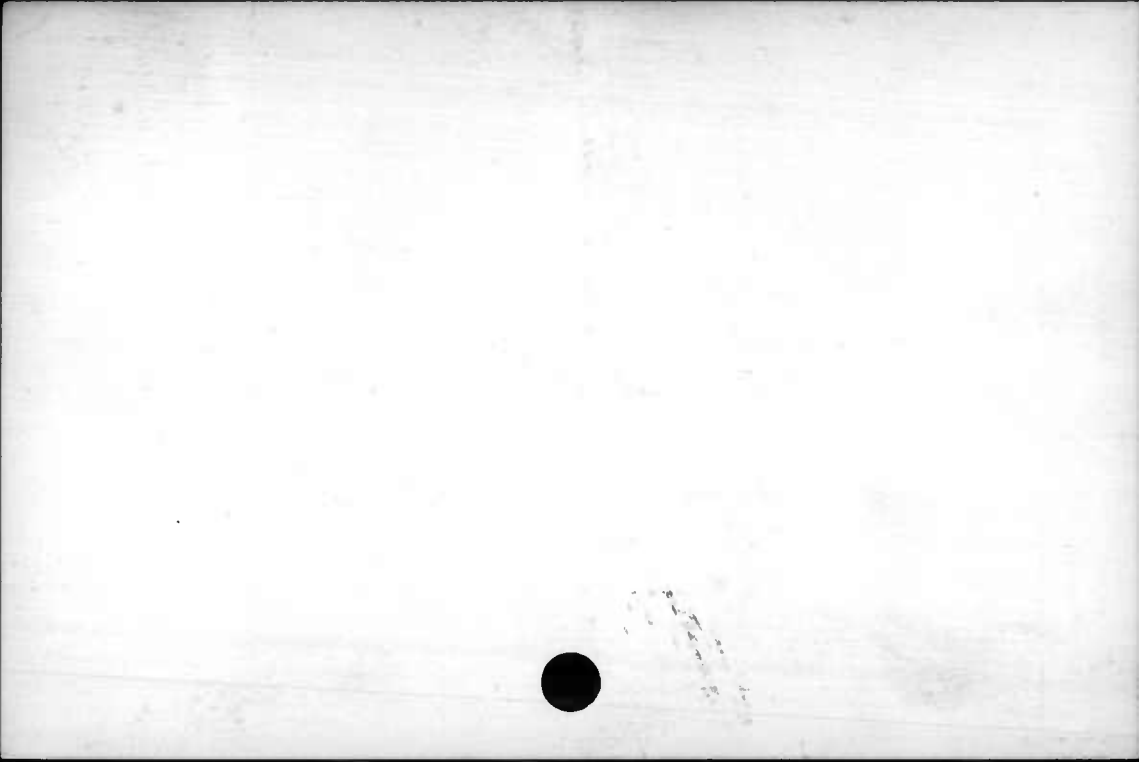
S. H. Wilson

Address

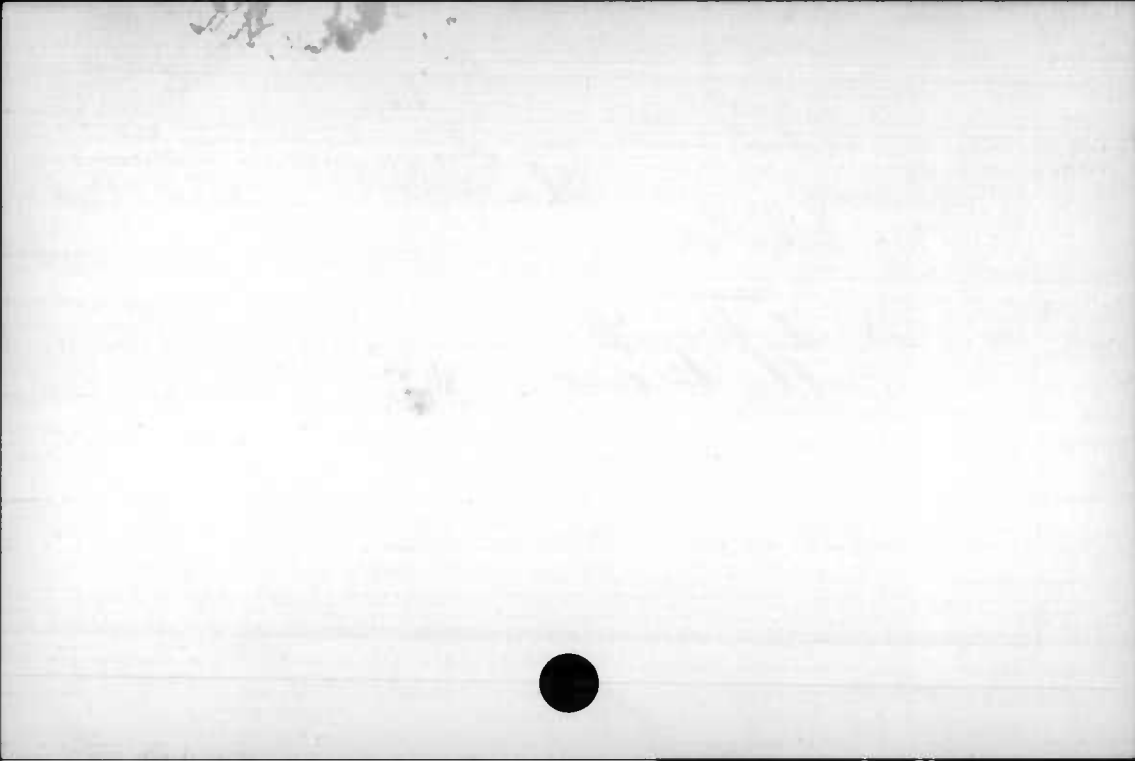
Tilghman
Md

Accident or Suicide?

—



Name in Full		Alberta Nichols.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Trappe		County		TALBOT	
	Date of death 190	5	3	Day	12	Age	25
	Sex	Female		Color or Race	negro.	Birth-place	Talbot Co, Md -
	Married, Single or Widowed	Married.		Occupation	Sewant		
	Name of Wife Husband	Edward. Nichols.					
	Father's Name					Father's Birthplace	
	Mother's Maiden Name	Annie. Hilson				Mother's Birthplace	Talbot Co, Md
Name of person giving information	Edward. Nichols -				How related to deceased	Husband -	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Lobar. Pneumonia				How long	10 days -
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Joseph A Ross M D
	Address					Trappe Talbot Co, Md -	
Accident or Suicide?							



Name
in
Full

Florence b Permyer #129

CERTIFICATE OF DEATH

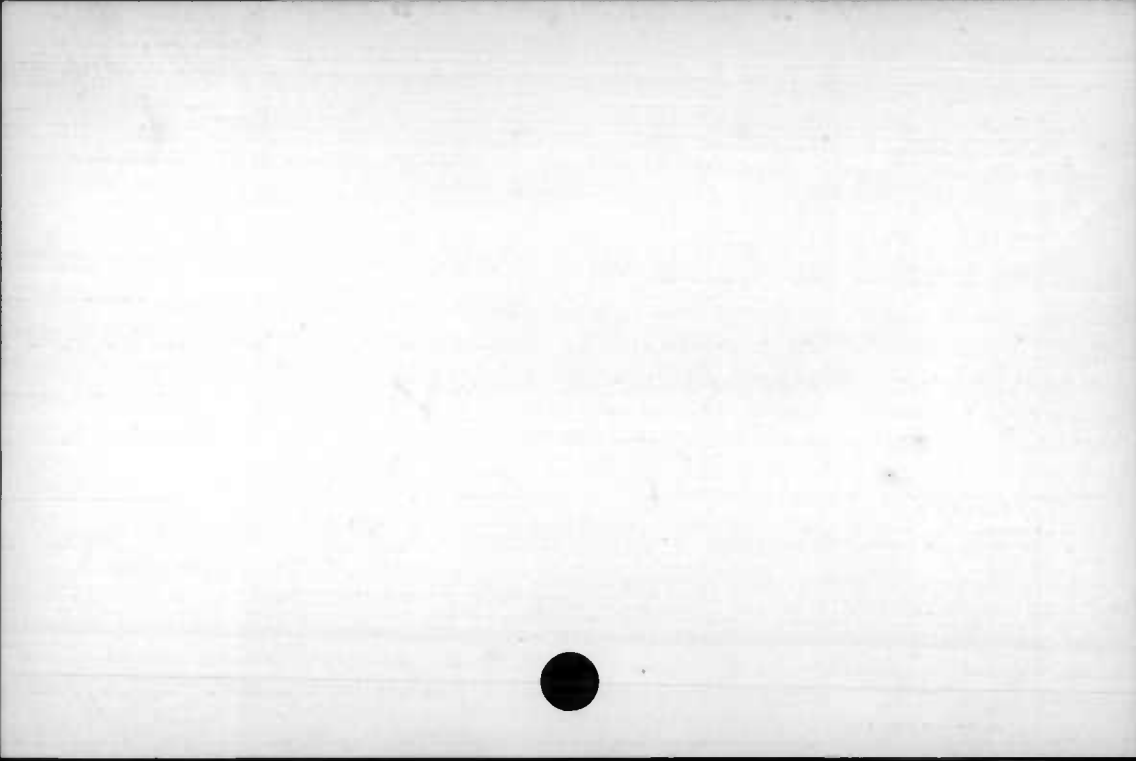
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Trappe		County Talbot		MARYLAND	
Date of death 190		Month b	Day March	Age 4	Years 3	Months —	Days —
Sex Female		Color or Race Black		Birth- place Talbot C.O.			
Married, Single or Widowed		Child		Occupation			
Name of Wife or Husband none							
Father's Name		Ned Wink				Father's Birthplace	
Mother's Maiden Name		Kitty Wink				Mother's Birthplace	
Name of person giving In formation		f				How related to deceased 129	

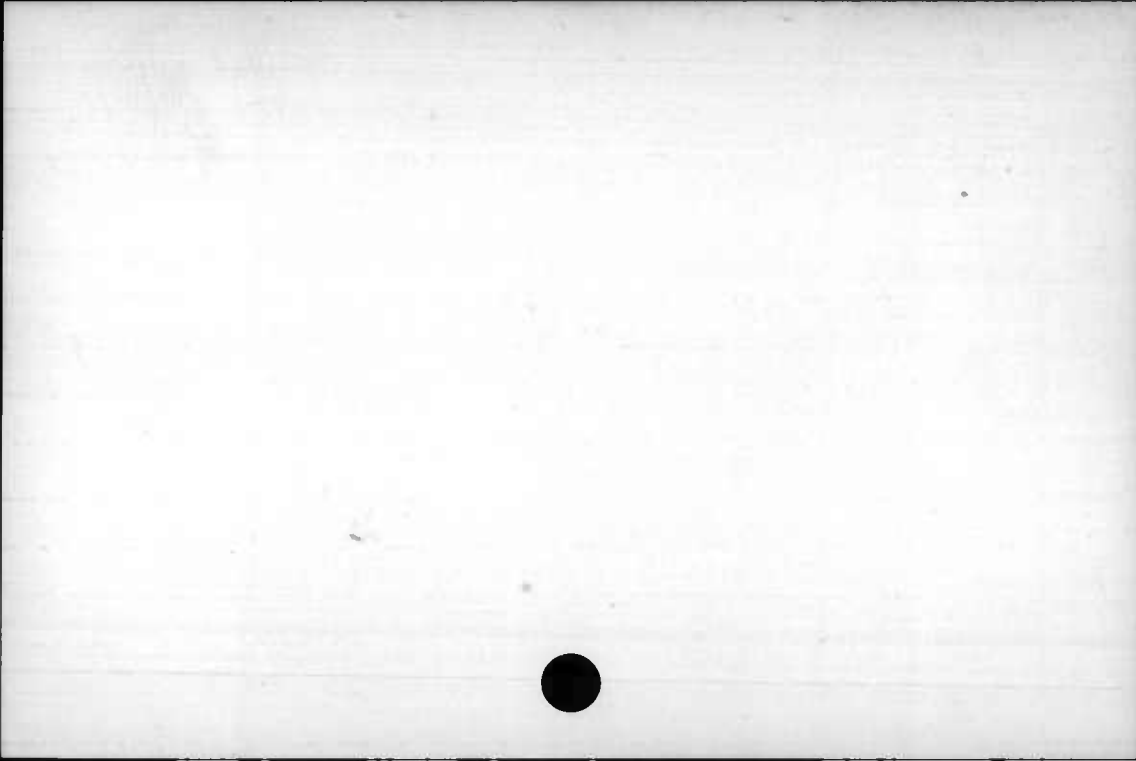
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician no doctor	
		Address	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died <i>man</i> <i>Town</i> <i>Trappe</i>		County <i>Talbot</i>	
		Date of death 190 <i>5</i>		Month <i>3</i>	
		Day <i>9</i>		Age <i>28</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Married, Single or Widowed <i>Married</i>		Occupation <i>Fisherman</i>	
		Name of Wife or Husband <i>Virginia Joyner</i>			
		Father's Name <i>Thomas Robinson Price</i>		Father's Birthplace <i>Talbot Co Md</i>	
Mother's Maiden Name <i>Elizabeth Ellen Boburn</i>		Mother's Birthplace <i>Talbot Co, Md</i>			
Name of person giving information <i>James Thomas Price</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Tuberculosis of Bowel</i>		<i>How long</i> <i>Several years</i>	
	Immediate	<i>Exhaustion</i>		<i>How long</i> <i>—</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Joseph A. Cross</i>		
			Address <i>Trappe Talbot Co. Md</i>		
<input checked="" type="checkbox"/> Accident or Suicide?					



Name
in
Full

Rosa Somers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Oxford Town

Zallot County

Date
of death 1905Month
3Day
12

Age 29 Years

Months

Days

Sex Female

Color or
Race whiteBirth-
place

Somerset Co. Md.

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

George Somers

Father's
Birthplace

Somerset Co. Md.

Mother's
Maiden Name

Brucille Williams

Mother's
Birthplace

Somerset Co. Md.

Name of person giving
Information

Brucille Somers

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

17 months one year

Immediate

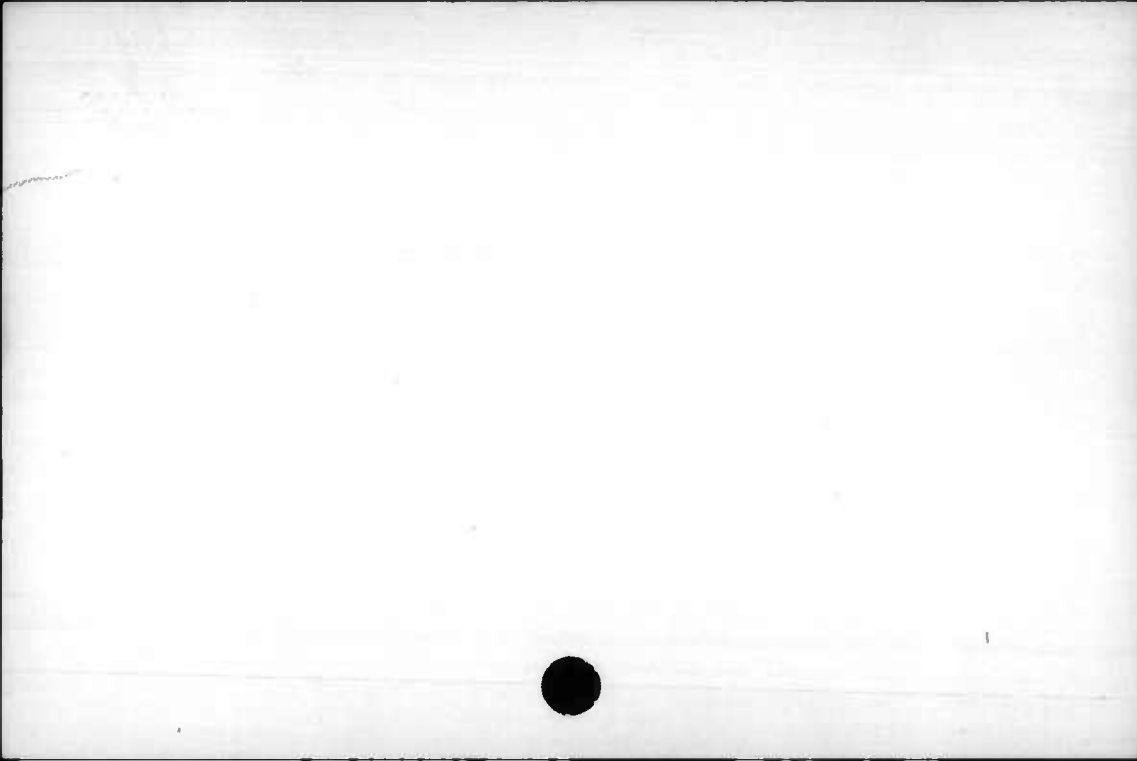
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

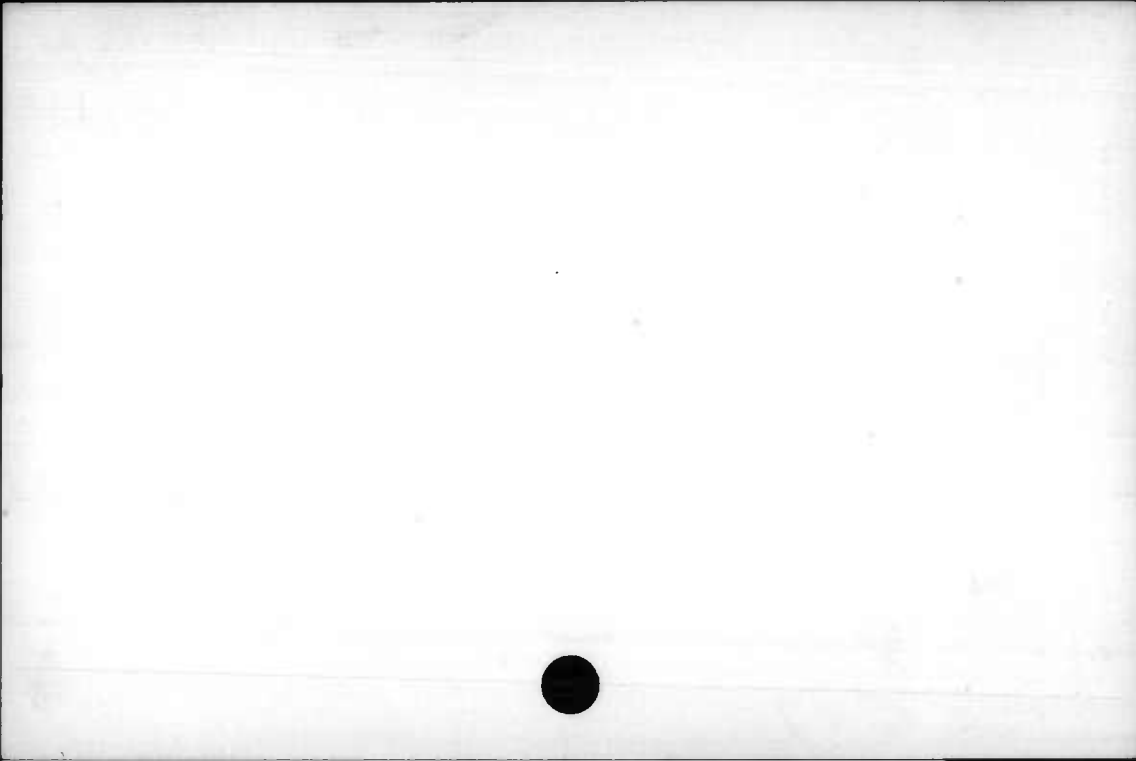
J. A. Stines
Oxford

Accident or Suicide?

No



Name in Full		Anna Josephine Stoops				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Exton ^{Town}		Zelcho ^{County}		MARYLAND	
	Date of death	1901	Month	14	Age	0	Months
							Days
	Sex	Female		Color or Race	white		Birth-place
							Med
	Occupation	none			Where Residing if not at place of death		
					X		
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	Single		Name of Wife or Husband			
				X			
	Father's Name	George S. Stoops				Father's Birthplace	Med
	Mother's Maiden Name	Anna M. Stewart				Mother's Birthplace	Del
	Name of person giving Information	Geo. D. Stoops				How related to deceased	father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Premature birth				How long	6 1/2 months
							baby
	Immediate	Exhaustion				How long	1 day
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician		E. R. Zupke M.D.	
				Address		Exton	
					Med		
Accident or Suicide?							



Name
in
Full

Clark K Taylor

CERTIFICATE OF DEATH

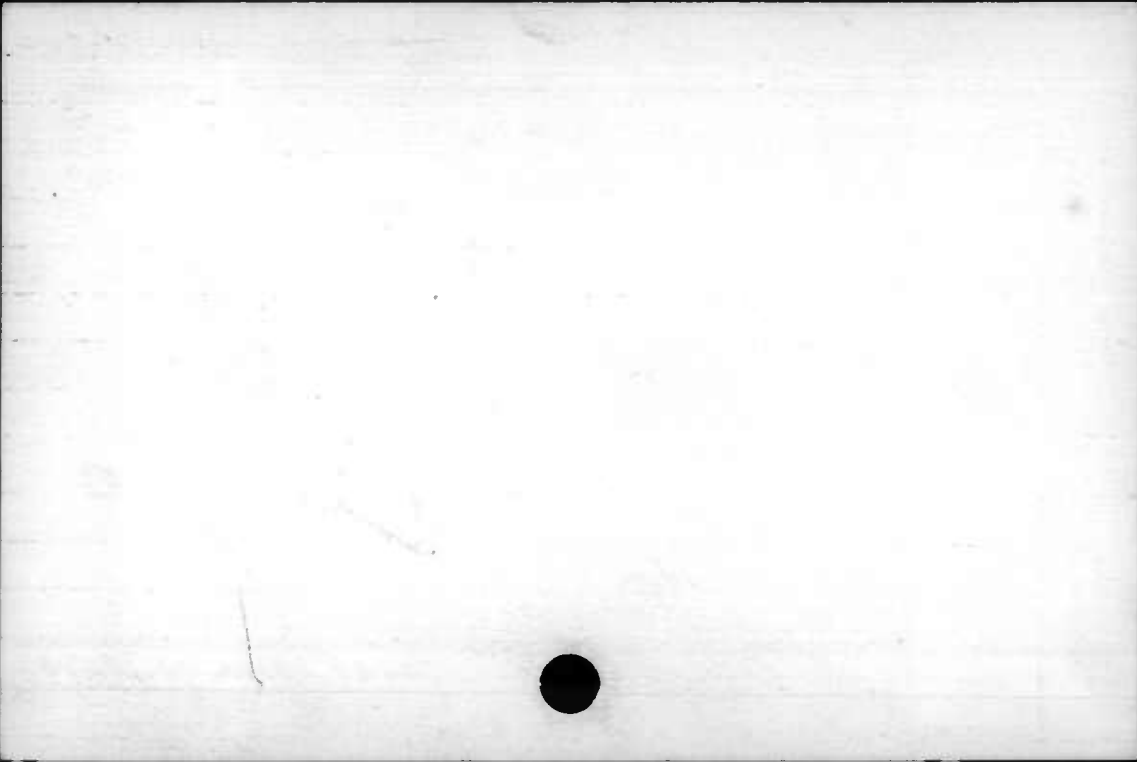
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Easton</u> ^{Town}		<u>Isle</u> ^{County}			
Date of death <u>1905</u> ^{Month} <u>3</u> ^{Day} <u>8</u> ^{Years} <u>—</u> ^{Months} <u>—</u> ^{Days} <u>1</u>		Age <u>—</u>			
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Easton Md</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>J. Harry Taylor</u>		Father's Birthplace <u>Delaware</u>			
Mother's Maiden Name <u>Ida May Hubbard</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>J. Harry Taylor</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Underdeveloped</u>	How long	<u>151</u>
	Immediate	<u>Exhaustion</u>	How long	<u>1 day</u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Julius A. John</u>	
	Accident or Suicide?		Address <u>Easton Md</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bessie Virgis</i>		Town <i>Royal Oak</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Royal Oak</i>							
Date of death <i>1905</i>	Month <i>March</i>	Day <i>23</i>	Age <i>19</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Talbot Co.</i>					
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>Hopkins Neck</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank Virgis</i>						
Father's Name			Father's Birthplace				
Mother's Maiden Name <i>Kate Ross</i>			Mother's Birthplace <i>Hopkins Neck</i>				
Name of person giving information <i>Burton Ross</i>			How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>6 weeks</i>
Immediate <i>Consumption</i>	How long <i>4 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Undertaker L W Klein</i>
	Address <i>Royal Oak Talbot Co Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Clarence Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ivy Town</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>3</i> ^{Month}	<i>7</i> ^{Day}	<i>20</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>male</i>	Color or Race <i>Negro</i>		Birth-place <i>Talbot Co.</i>		
Occupation <i>laborer</i>	Where Residing if not at place of death <i>Ivy Town</i>				
Married, Single Widowed	Name of Wife or Husband				
Father's Name <i>Geo Wilson</i>	Father's Birthplace <i>Talbot Co</i>				
Mother's Maiden Name <i>Annie Thomas</i>	Mother's Birthplace <i>Talbot Co</i>				
Name of person giving Information <i>Wm T. Willow</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis florida</i>	How long <i>six weeks</i>
Immediate <i>Heart failed</i>	How long <i>6 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Willson</i>
	Address <i>Easton Md.</i>
Accident or Suicide?	

